

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA 0370200 Type of Application: LICENSE
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

<u>CHULA VISTA POLICE DEPARTMENT</u>		<u>00349</u>
<small>Agency authorized to receive criminal history information</small>		<small>Mail Code (five digit code assigned by DOJ)</small>
<u>315 FOURTH AVENUE</u>	<u>Leslie Guthrie</u>	
<small>Street No Street or P O Box</small>	<small>Contact Name (Mandatory for all school submissions)</small>	
<u>CHULA VISTA, CA 91910</u>	<u>(619) 691-5244</u>	
<small>City State Zip Code</small>	<small>Contact Telephone No</small>	

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No _____
Last First

Date of Birth: _____ Sex: ☐ Male ☐ Female Misc. No. BIL -
Agency Billing Number

Height: _____ Weight: _____ Misc. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P O Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: _____ Level of Service ☒ DOJ ☐ FBI
OCA No (Agency Identifying No.)

If resubmission, list Original ATI No _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____

<u>Street No</u>	<u>Street or P O Box</u>	<u>Mail Code (five digit code assigned by DOJ)</u>
<small>City State Zip Code</small>		
	<u>()</u>	<small>Agency Telephone No (optional)</small>

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No _____ Amount Collected/Billed _____